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Request For Continued Examination (RCE) Transmittal Address to: MS RCE Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Application Number	09/837,852
	Filing Date	April 18, 2001
	First Named Inventor	BRIAN SHUSTER
	Art Unit	3826
	Examiner Name	Jeffrey Smith
	Attorney Docket Number	70111.00022(409475-27)

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.
 Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application.

1. ☐ **Submission required under 37 CFR 1.114** Note: If the RCE is proper, any previously filed *unentered* amendments and amendments entered with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed *unentered* amendment(s) entered, applicant must request non entry of such amendment(s).

a. ☐ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.

i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____

ii. ☐ Other _____

b. ☒ **Enclosed**

i. ☒ Amendment/Reply

ii. ☐ Information Disclosure Statement (IDS)

iii. ☐ Affidavit(s)/Declaration(s)

iv. ☐ Other _____

2. ☐ **Miscellaneous**

a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required)

b. ☐ Other _____

3. ☐ **Fees** The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.

a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit/Account No. 60-3683

i. ☒ RCE fee of \$790 required under 37 CFR 1.17(e)

ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)

iii. ☐ Other _____

b. ☐ Check in the amount of \$ _____ enclosed

c. ☐ Payment by credit card (Form PTO-2038 enclosed)

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED			
Name (Print/Type)	Jonathan A. Jaech	Registration No. (Attorney/Agent)	41,091
Signature		Date	October 19, 2006